

**U.S. MEDICAL CENTER FOR FEDERAL PRISONERS  
SPRINGFIELD, MISSOURI**

**TRANSFER SUMMARY**

**ALLEN, Anthony**  
**Reg. No. 40428-053**  
**January 20, 2004**  
**WARD: S03**

**REASON FOR ADMISSION:** Right inguinal hernia.

**SIGNIFICANT FINDINGS:** This is a 39-year-old Jamaican male referred to the U.S. Medical Center for Federal Prisoners (USMCFP), Springfield, Missouri, from the Federal Correctional Institution (FCI), McKean, Pennsylvania, with a six to seven year history of a right inguinal hernia, which gradually has been getting larger and more problematic for the individual. He was consequently referred to USMCFP for evaluation and treatment.

History and physical examination dated December 23, 2003, gives a diagnosis of a right inguinal scrotal hernia; otherwise, essentially healthy male.

**LABORATORY:** Dated 12-29-03 gives a profile A of a BUN of 6 (7-22), and the remainder essentially within normal limits. CBC was within normal limits. Urinalysis was within normal limits. RPR was positive at 1:1, with an MHA-TP of being nonreactive. HIV status was negative.

**TREATMENT RENDERED:** Patient was evaluated by Consultant Surgeon, Dr. Brent Rotton, on December 23, 2003, and scheduled for a right inguinal hernia repair with plug and patch, which was carried out on January 9, 2004. Postoperatively, the patient did well. On final evaluation done January 20, 2004, staples were removed with the wound being well-healed and the patient instructed on postoperative care.

**PROCEDURES:** On January 9, 2004, right inguinal hernia repair.

**CONDITION ON DISCHARGE:** Improved.

**FINAL DIAGNOSES:**

1. Status post right inguinal hernia repair.
2. Positive RPR at 1:1 ratio, with MHA-TP negative.
3. Essentially healthy male.

**MEDICATIONS:** None.

Kevin J. Kelly, Certified Physician Assistant

January 20, 2004

ALLEN, Anthony

Reg. No. 40428-053

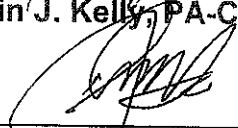
SENSITIVE - LIMITED OFFICIAL USE

Page 2 - Transfer Summary  
USMCFP - Springfield, MO

**RECOMMENDATIONS (to include Instructions to Patient):**

1. Patient was instructed to continue with limited weightlifting of approximately 10-15 pounds over the next 5 weeks.
2. Physical activity as tolerated.
3. Regular diet.
4. Follow-up care on a prn basis per local institution's medical policy.
5. Duty work status: weightlifting limitation of approximately 10-15 pounds for the next 5 weeks.
6. No special appliances needed.
7. Transfer per the usual custodial means.

  
\_\_\_\_\_  
Kevin J. Kelly, PA-C

  
\_\_\_\_\_  
Thomas E. Hare, D.O.  
Staff Physician

KJK/TEH/jh  
D: 01/20/04  
T: 01/23/04

Kevin J. Kelly, Certified Physician Assistant

January 20, 2004

ALLEN, Anthony

Reg. No. 40428-053

SENSITIVE - LIMITED OFFICIAL USE

# U. S. MEDICAL CENTER FOR FEDERAL PRISONERS SPRINGFIELD, MISSOURI

## INITIAL HISTORY / PHYSICAL ADMISSION DATA SHEET

inmate Name Allen, Anthony  
 Number 40425-053 DOB 5-2-64  
 State 12/18/03 Time 1030

Institution McKee BP149 Reviewed ✓ N/A ✓  
 Prior Medical Record Available Yes ✓ No ✓  
 Prior NON-BOP Incarceration Yes ✓ No ✓

Have you had or now have?

Feeding Disorder ✓ Yes ✓ No ✓  
 Cancer ✓ Yes ✓ No ✓  
 Diabetes ✓ Yes ✓ No ✓  
 Heart Disease ✓ Yes ✓ No ✓  
 High Blood Pressure ✓ Yes ✓ No ✓  
 Lung Disease ✓ Yes ✓ No ✓  
 Seizure Disorder ✓ Yes ✓ No ✓  
 Stroke ✓ Yes ✓ No ✓  
 Thyroid Disease ✓ Yes ✓ No ✓  
 Mental Illness ✓ Yes ✓ No ✓  
 Suicide Attempt/Year ✓ Yes ✓ No ✓  
 Currently Suicidal ✓ Yes ✓ No ✓  
 Other ✓ Yes ✓ No ✓

Hx of Hepatitis ✓ Yes ✓ No ✓  
 Liver Disease ✓ Yes ✓ No ✓  
 HIV Test Date ✓ Yes ✓ No ✓  
 Date ✓ Results ✓ Pos ✓ Neg ✓  
 Sexual Contact - Heterosexual ✓ Yes ✓ No ✓  
 Sexual Contact - Homosexual ✓ Yes ✓ No ✓  
 Hx Blood Transfusion ✓ Yes ✓ No ✓  
 If Yes, what Year ✓  
 Hx STD's ✓ Yes ✓ No ✓  
 Hx of TB Exposure (circle one) ✓ Yes ✓ No ✓  
 Family Hx of TB ✓ Yes ✓ No ✓  
 Results of last PPD ✓ mm ✓  
 Date of Last PPD ✓ mm ✓  
 If POS, Treated ✓ Months ✓

Recent Weight Loss ✓ Yes ✓ No ✓  
 Fever ✓ Yes ✓ No ✓  
 Chills/Night Sweats ✓ Yes ✓ No ✓  
 Chest Pains/SOB/N&V ✓ Yes ✓ No ✓  
 Difficulty Eating ✓ Yes ✓ No ✓  
 Unusual Headaches ✓ Yes ✓ No ✓  
 Urinary Tract Infection Symptoms ✓ Yes ✓ No ✓  
 Fatigue ✓ Yes ✓ No ✓

Last CXR ✓ Date ✓ No ✓  
 Cough > 2 weeks ✓ Yes ✓ No ✓  
 Coughed up Blood ✓ Yes ✓ No ✓  
 Black / Bloody Stools ✓ Yes ✓ No ✓  
 Unusual Skin Sores / Lesions ✓ Yes ✓ No ✓  
 Hx of Smoking ✓ Yes ✓ No ✓  
 #pks/day ✓ #of Years ✓  
 Quit Smoking ✓ Year ✓

### MAJOR SURGERIES:

Allergies to Medications or Foods NKA ✓ Yes ✓ List ✓

Medications (Side effects Reactions) ✓

Foods (Side Effects Reactions) ✓

Current Medications (See A-Sheet Doctor's Orders) ✓

Height ✓ Weight ✓ B/P ✓  
 Pulse ✓ Respirations ✓ Temp ✓  
 Apparent Signs of Distress Yes\* ✓ No ✓  
 Restricted Mobility ✓

STATUS: Medical ✓ Surgical ✓  
 Psych ✓ D&O ✓ Forensic ✓  
 Work Cadre ✓  
 Holdover ✓

Lice/Other Parasites: Yes ✓ None Seen ✓  
 Acute Skin Sores/Lesions: Yes ✓ None Seen ✓  
 Religion ✓ Housing ✓

Hx. Of Abuse/Neglect/Victimization: Yes\* ✓ No ✓  
 Hx. Of Substance/Alcohol Abuse: Yes\* ✓ No ✓  
 Type? ✓ Date Last Used? ✓

Are you Having Pain? Yes ✓ No ✓

Location ✓

Frequency ✓

Intensity ✓ Duration ✓

Dx and comments: ✓ 39 y/o male (R) ingested kumia acid

Signature of PA/RN ✓

Additional Comments on Reverse Side ✓

Note: Items should have a Comment) SHADED ITEMS PLACE PATIENT AT GREATER RISK DURING RESTRAINT, SUICIDE PRECAUTIONS OR ISOLATION

Health Record - White, Central File - Yellow, Infection Control - Pink

U.S. MEDICAL CENTER FOR FEDERAL PRISONERS  
SPRINGFIELD, MISSOURI

SURGICAL CONSULTATION

ALLEN, Anthony  
Reg. No. 40428-053  
December 23, 2003  
WARD: S03

ATTENDING PHYSICIAN: Dr. Hare

The patient was examined and chart reviewed.

**IMPRESSION:** 1. Large right inguinal hernia, easily reducible, nonincarcerated.

**RECOMMENDATIONS:** Right inguinal herniorrhaphy with Bard mesh place system. The risks and benefits were discussed with the patient to include bleeding, infection, abscess, injury to other cord structures which could possibly result in loss of the testicle, and hernia recurrence. Patient understands and agrees and is willing to proceed.

**HISTORY:** This is a black male who presents with a large right inguinal hernia that has been present for approximately six years. He denies any signs or symptoms of bowel obstruction. He moves his bowels without problems or difficulties. On examination today, there is a large right inguinal hernia. There is no hernia noted on the left. Testes are descended bilaterally and normal appearing male external genitalia.


For further past medical and surgical history, please refer to the chart as it was reviewed and essentially unchanged as well as the remainder of his physical examination. This will be scheduled.

Thank you for the referral.



D. Brent Rotton, D.O.  
Consultant General Surgeon

DBR/eb  
D: 12-23-03  
T: 12-31-03



ROBERT ROTTON  
MEDICAL OFFICE



D. Brent Rotton, D.O., Consultant General Surgeon

December 23, 2003

ALLEN, Anthony

Reg. No. 40428-053

SENSITIVE - LIMITED OFFICIAL USE

**U.S. MEDICAL CENTER FOR FEDERAL PRISONERS  
SPRINGFIELD, MISSOURI**

**HISTORY AND PHYSICAL**

**ALLEN, Anthony George**  
**Reg. No. 40428-053**  
**December 23, 2003**  
**Ward: S03**

**Birthdate: 05/02/64**  
**Admission Date: 12/18/03**

**HISTORY - PART I**

**CHIEF COMPLAINT:** Right inguinal hernia.

**HISTORY OF PRESENT ILLNESS:** This is a 39-year-old Jamaican male referred to Springfield from FCI McKean, Pennsylvania, with a 6-7 year history of a right inguinal hernia which he states has been getting larger and getting worse. Patient is referred to Springfield for further evaluation and treatment.

**REVIEW OF SYSTEMS**

**SURGICAL HISTORY:** Denied.

**MEDICAL ILLNESSES:** Denied.

**HISTORY OF INJURIES:** Denied.

Patient is a nonsmoker. Denies alcohol or drug use.

**CURRENT MEDICATIONS:** None.

**ALLERGIES:** None.

Generally patient states his weight is stable. Denies any chronic HEENT complaints.

**CARDIOVASCULAR:** Denies any history of asthma, pneumonia, bronchitis, shortness of breath, chest pain, heart disease, or palpitations.

**GASTROINTESTINAL:** Denies any chronic nausea, vomiting, diarrhea, bloody stools, hepatitis, or history of gallbladder disease.

**GENITOURINARY:** Denies any history of STDs, hematuria, kidney stones.

**MUSCULOSKELETAL:** Denies any chronic muscle aches or lower back pain.

**LYMPHATICS:** Denies any chronic lymphadenopathy.

**NEUROVASCULAR:** Denies any chronic radicular symptoms.

Kevin J. Kelly, Certified Physician Assistant

December 23, 2003

ALLEN, Anthony George

Reg. No. 40428-053

SENSITIVE - LIMITED OFFICIAL USE

Page 2 - History and Physical  
USMCFP - Springfield, MO

**PHYSICAL EXAMINATION**

HEIGHT: 6'1"  
WEIGHT: 196  
TEMPERATURE: 97.5  
PULSE: 80  
BLOOD PRESSURE: 144/90

EARS: Canals and TMs are clear bilaterally.

EYES: PERRLA, peripheral vision intact. Sclera and conjunctiva are clear.

NOSE: patent bilaterally.

MOUTH: Clear. Teeth in fair repair. Posterior pharynx is clear.

NECK: Supple.

LUNGS: Clear to auscultation.

CARDIOVASCULAR: Heart is regular rate and rhythm without murmurs.

ABDOMEN: Soft, flat, normal bowel sounds.

EXTREMITIES: Grossly equal and symmetrical appearing with full range of motion.

GENITALIA: Uncircumcised adult male. Testicles descended bilaterally. Large right inguinal scrotal hernia is noted which is partially reducible at this time.

RECTAL/PROSTATE: Not examined at this time.

NEUROLOGICAL: Cranial nerves II-XII grossly intact. DTRs 2+/4. No tremors noted.

**IMPRESSION:**

1. Right inguinal scrotal hernia.
2. Essentially healthy male.

**PLAN:**

1. Initiate appropriate medical care.
2. Refer to appropriate services as needed to include consultation with general surgeon for surgical repair.

  
Kevin J. Kelly, PA-C

  
Thomas E. Hare, D.O.  
Staff Physician

KJK/TEH/ch D: 12/23/03 T: 12/24/03

Kevin J. Kelly, Certified Physician Assistant

December 23, 2003

ALLEN, Anthony George

Reg. No. 40428-053

SENSITIVE - LIMITED OFFICIAL USE



FEDERAL BUREAU OF PRISONS  
MCFP Springfield, MO

## NURSING DISCHARGE SUMMARY

DATE: 11/2/04  
 WARD: 504  
 PHYSICIAN: Dr. Hare  
 DIAGNOSIS: S.P. RIH

## DISCHARGED TO:

☐ BOP INSTITUTION  
☐ STATE INSTITUTION  
☐ COMMUNITY HOME  
☒ OUTPATIENT  
☐ OTHER

## FOLLOW-UP REFERRAL

☐ NONE NEEDED  
☐ INSTITUTION P. A.  
☐ CHRONIC CARE  
☐ COMMUNITY  
☒ CLINIC APPOINTMENT 11/20/04

## MOBILITY

☒ AMBULATORY  
☐ WHEELCHAIR  
☐ WALKER / CRUTCHES  
☐ CART / GURNEY  
☐ RESTRICTIONS

## PATIENT TEACHING

EDICATION REGIME  
 PROPER DIET  
 SELF-CARE  
 FOOD/DRUG INTERACTION

YES ☒ NO ☐  
 YES ☒ NO ☐  
 YES ☒ NO ☐  
 YES ☒ NO ☐

## OTHER

YES ☐ NO ☐  
 YES ☐ NO ☐  
 YES ☐ NO ☐  
 YES ☐ NO ☐

## MEDICATIONS

## DOSAGE

## HOW OFTEN

## Rx

## SPECIAL INSTRUCTIONS

Tylenol #3

1-2

Three x a day

T: Regular

## SUPPLEMENTAL NOURISHMENTS

CONTROL: (circle one)

IMPROVED

CONTROLLED/STABLE

NO CHANGE

WORSENER

ATTENTION / WOUND CARE: (e.g. RT, PT)

I acknowledge that I have been instructed on the above and understand what I am to do following discharge.

to Patient: ☒ Yes ☐ No

Date: 11/2/04

Signature: Anthony Allen  
 Signature: DM Wainman RN

SSOGR APH

ALLEN, ANTHONY  
 40428-053  
 MCFP SPG MO  
 DOB 05-02-64

U.S. MEDICAL CENTER FOR FEDERAL PRISONERS  
SPRINGFIELD, MISSOURI

OPERATION REPORT

ALLEN, Anthony  
Reg. No. 40428-053  
January 9, 2004  
WARD: S03

ATTENDING PHYSICIAN: Dr. Hare

PREOPERATIVE DIAGNOSIS: Right inguinal hernia.

POSTOPERATIVE DIAGNOSIS: Same.

OPERATION PERFORMED: Right inguinal herniorrhaphy with insertion of mesh plug and patch system. Estimated blood loss minimal. Complications none. Drains none.

SURGEON: Dr. D. Brent Rotton

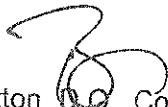
ASSISTANT SURGEON: None

ANESTHESIA: General

SPECIMENS REMOVED: Right inguinal hernia sac

DATE OF OPERATION: 01-09-04

DESCRIPTION OF OPERATION: The patient was taken to the OR room and placed in the supine position. He was administered general anesthesia. He was prepped and draped in the usual sterile fashion. Oblique incision overlying internal ring was carried through the skin and subcutaneous tissue to the level of the external oblique fascia which was sharpened and excised parallel to his fibers and extended through the external ring. The underlying ilioinguinal nerve was identified and kept out of harms way. The cord structures were elevated with a Babcock and allowed for blunt distal dissection circumferentially which allowed for passage of a Penrose drain per appropriate countertraction. There was a large hernia sac identified on anterior and medial aspect of the cord. This was carefully separated from the chord structures. The vas deferens and testicular vessels were very densely adhered to the hernia sac, however these were freed and the hernia sac was dissected high to the level of preperitoneal fat. It was ligated doubly with 0 Vicryl suture. Redundant hernia sac was excised. Large mesh plug was secured to the stump of the hernia sac and inverted into the internal ring and circumferentially secured in the usual manner with several interrupted sutures. Overlay patch was then tailored, placed in the floor of the canal, and keyholed around the cord structures. The tail secured with

  
D. Brent Rotton, D.O., Consultant General Surgeon

January 9, 2004

ALLEN, Anthony

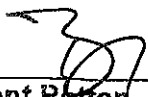
Reg. No. 40428-053

SENSITIVE - LIMITED OFFICIAL USE



Page 2 - Operation Report  
USMCFP - Springfield, MO

one stitch and the tail was placed slightly in fascia plane of external oblique. The area was irrigated. Hemostasis was noted. The external oblique fascia was closed with a running suture of 0 Vicryl starting at the external ring. 0.25% Marcaine was injected subfascially and around the incision. Scarpa fascia was closed with a running suture of 3-0 Vicryl and the skin was closed with a skin stapling device. Patient tolerated the procedure well and was transported to the recovery room in stable and satisfactory condition.



D. Brent Rotton, D.O.  
Consultant General Surgeon

DBR/eb

D: 01-09-04

T: 01-14-04

D. Brent Rotton, D.O., Consultant General Surgeon

ALLEN, Anthony

January 9, 2004

Reg. No. 40428-053

SENSITIVE - LIMITED OFFICIAL USE

NOTES (0920) Received at from Dr. Post-op vaginal lesion repair. Pt. unremarkable on chills of neoplasia to ventral abdominal. Mon. in slow SR in 40's pulse of 100% on 1200 10 liter per minute. Lung clear. At 0935 Pt. still resting quietly. Deep sleep. Even at undisturbed. Throat to groin abdominals dry. Throat (0950) Encouraged Pt. to wake up. 100% PO 145. Pt. denies need for O2 this time. Dr. made removed O2 sat 99% on room air (1000) 60% A/C. Pt. appears. At 1100 change instructions given to Pt. Ventral and underpinning. Discharged from PACU. VS. remain stable. *Steffen R*

DISPOSITION OF PATIENT  
☒ PATIENT ROOM 504  
☐ TRANSFER TO LOCAL HOSPITAL  
☐ OTHER  
☒ PACU CONTINUED RECOVERY

REPORT GIVEN TO:  
*A. Williams*

RN/APPN

Discharge Notes  
 Dressings  
 (E) groin

Drains  
 0

Tubes  
 0

I.V.'s  
 Saline  
 lock

IV OR 450 PO 0 PACU 100  
 Intake/Output Void 0

Medications  
 Percocet 7-11 PO  
 8 600 per

Wound Care

Ice to incision x 24  
 Clean daily - 100% to  
 no follicles

Diet  
 Resume previous

Safety Measures

Other

Patient's Statement of Understanding  
*Understand and Understand*

ICAL CENTER  
RAL PRISONERS  
IELD, MISSOURI

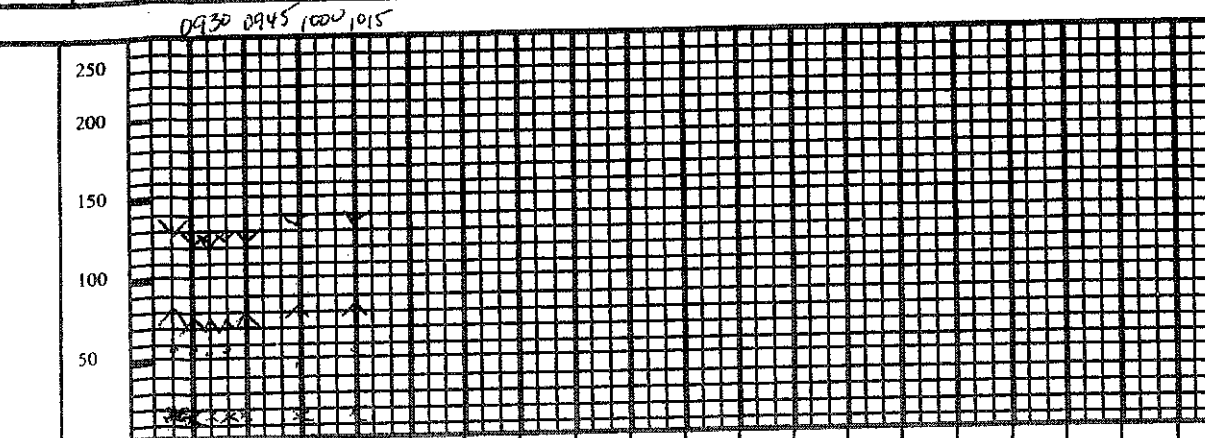
PATIENT IMPRINT

## PACU RECORD

PRE-OP DIAGNOSIS	Hernia	AGE	39	SEX	M	HT		WT	
ANESTHETIST	Hipkins	SaO <sub>2</sub>	99	BP	138/81	T	96'	P	70
URGENT ASSTS.	Rotton, D.					PS	12	3	4
OPERATION	Repair Right Inguinal Hernia w/ plug & patch					ALLERGY	NKDA		
PATIENT HISTORY	HTN Hemorrhoids								

MD/CRNA	RECEIVED BY	R.N.					
Hipkins	Scott Giffen						
POST-ANESTHESIA RECOVERY SCORE		IN	15	30	45	HR	OUT
ACTIVITY	4 EXTREMITIES	2	2	2	2	2	2
Able to move voluntarily or on command	2 EXTREMITIES	1	1	1	1	1	1
	0 EXTREMITIES	0	0	0	0	0	0
RESPIRATION	Able to deep breathe and cough freely	2	2	2	2	2	2
	Dyspnea, shallow, or limited breathing	1	1	1	1	1	1
	Apnea	0	0	0	0	0	0
CIRCULATION	BP ± 20mm of Preanesthesia Level	2	2	2	2	2	2
	BP ± 20-50 mm of Preanesthesia Level	1	1	1	1	1	1
	Pre-Op BP 138/81 BP ± 50 mm of Preanesthesia Level	0	0	0	0	0	0
CONSCIOUSNESS	Fully Awake	2	2	2	2	2	2
	Arousable on calling	1	1	1	1	1	1
	Not Responding	0	0	0	0	0	0
COLOR	Normal	2	2	2	2	2	2
	Pale, Dusky, Blotchy, Jaundiced, Other	1	1	1	1	1	1
	Cyanotic	0	0	0	0	0	0
TOTAL		8	9	9	10		

Route	Time	Given By	Medication/Dose	Route	Time	Given By



Pulse Oximeter	100	100	100	100
Temperature	98.7			
Urine				
NG				
Drains				
Other				

**U. S. MEDICAL CENTER for FEDERAL PRISONERS**  
**Springfield, Missouri**

**INDIVIDUAL EVALUATION/TREATMENT/MANAGEMENT PLAN**

Goal Statement #1: Recovery from anesthesia.

1. The patient recovers from anesthesia without untoward effects.

**Objectives:**

1. The patient will remain free of respiratory distress.
2. Maintain stable Vital Signs (VS).
3. Maintain control of bleeding and dysrhythmias.
4. Maintain adequate urinary output.
5. Maintain a reasonable level of comfort and be discharge instructions.
6. Able to express an understanding of discharge instructions.

Action Plan: (Include staff name and title) *Sgt. Griffith* S. GRIFFITH, RN, C

1. Maintain airway. Suction prn. Assess respirations and monitor SaO<sub>2</sub>. Give O<sub>2</sub> per anesthesia.
2. VS every 5-15 minutes. Continuous cardiac monitor. I&O.
  - ☐ IV fluids: \_\_\_\_\_
  - ☐ Blood: \_\_\_\_\_
  - ☐ Medications: \_\_\_\_\_
3. Assess level of consciousness (LOC) and ability to move extremities. Turn, cough, and deep breathe (TCDB) on command.
4. Gag and swallowing reflexes returned
5. Assess comfort measures:
  - ☐ Positioning: \_\_\_\_\_
  - ☐ Elevation: \_\_\_\_\_
  - ☐ Ice bag: \_\_\_\_\_
  - ☐ Medications per anesthesia: \_\_\_\_\_
5. Briefly explain to the patients subject related to the; treatment, plan, medications, diet, activity, and tubes. Answer questions.
6. Discharge when criteria met to ward of residence or 1-4.
7. Assess special needs: \_\_\_\_\_

Target Date: 1/9/07 Treatment Review: \_\_\_\_\_

NAME/REGISTER NUMBER

ALLEN, ANTHONY  
 40428-053  
 MCFP SPG MO  
 DOB 3-2-54

USMCFP-Springfield, MO/jdd



**ANESTHESIA RECORD**

Date: 1-9-04 OR No. 1 Page of 1

Diagnosis: R.I.D.

Procedure: Repair RSH Plug & Mesh

Surgeon(s): Rotten

START: Anesthesia 0920 Procedure 0932 STOP: 0940 0940

RECOVERY: Location PACU Time 0928 B/P 130/80 O<sub>2</sub> Sat 100 P 46 R 18 T 95.7

**PRE-PROCEDURE**

Identified: ☒ Chart Reviewed: ☒ NPO Since: ☒ Permit Sign: ☒ Pre-anesthetic State: ☒ Awake ☒ Apprehensive ☒ Uncooperative ☒ Confused ☒ Unresponsive

**MONITORS AND EQUIPMENT**

☒ Steth: ☒ Pre-Record ☒ Esoph ☒ Other ☒ Non-Invasive B/P: ☒ Left ☒ Right ☒ Continuous EKG ☒ V Lead EKG ☒ Pulse Oximeter ☒ Oxygen Sensor ☒ End Tidal CO<sub>2</sub> ☒ Gas Analyzer ☒ Temp. ☒ Nerve Stimulator ☒ Warming Blanket ☒ EEG ☒ Doppler ☒ Airway Humidifier ☒ Fluid Warmer ☒ NG / OG Tube ☒ Foley Catheter ☒ Art. Line ☒ CVP ☒ PA Line ☒ IV(s) 22ga (Shunt)

**ANESTHETIC TECHNIQUE**

General: ☒ Pre-Oxygenation ☒ L.T.A. ☒ Rapid Sequence ☒ Cricoid Pressure ☒ Intravenous ☒ Inhalation ☒ Intramuscular ☒ Rectal

Regional: ☒ Spinal ☒ Epidural ☒ Axillary ☒ Bier Block ☒ Ankle Block ☒ Prep ☒ Local ☒ Needle 25g Mylar 10m ☒ Dose ☒ Attempts x ☒ Site ☒ Level ☒ Catheter ☒ See Remarks ☒ Other: ☒ M.A.C. ☒

**AIRWAY MANAGEMENT**

Intubation: ☒ Oral Tube size 8 ☒ Stylet used ☒ Nasal ☒ Regular ☒ Magill's ☒ Direct ☒ RAE ☒ Fiber optic ☒ Blind ☒ Armored ☒ Secured at 22cm ☒ Endobronch. ☒ Attempts x 1 ☒ ET CO<sub>2</sub> present ☒ Breath sounds ☒ LMA ☒ Laser ☒ Uncuffed, leaks at cm H<sub>2</sub>O ☒ Cuffed ☒ Min. occ. pres. ☒ Air ☒ NS ☒ Airway: ☒ Oral ☒ Nasal ☒ Difficult ☒ Circuit: ☒ Circle ☒ NRB see Remarks ☒ Mask Case ☒ Nasal Cannula ☒ Via Tracheostomy ☒ Simple O<sub>2</sub> mask

**FLUIDS AGENTS**

Oxygen (L/min) 10-12 2 2 0940 X  
N<sub>2</sub>O (L/min) 1/0 1/0 0/1  
3000 cc Delivered  
Pre-Proc 1000 cc  
Intra-Proc 1000 cc  
Post-Proc 1000 cc  
Total 4000 cc  
LR 1000  
Unne  
EBL  
EKG  
% O<sub>2</sub> Inspired 100 100 100  
O<sub>2</sub> Saturation 97 96 95  
End Tidal CO<sub>2</sub> 32.7 32.7 32.6  
Temp: 36.7 36.7 36.6  
B/P 130/77  
B/P 61/40  
R 18

**MONITORS**

Baseline Values 200  
130/77  
B/P  
61/40  
P  
18  
R

**WAVEFORMS**

Tidal Volume 750 750 750 800  
Resp. Rate 12 12 12 12  
Peak Pressure 12 12 12 12  
PEEP 5 5 5 5

**SYMBOLS**

X ANESTHESIA  
O OPERATION  
V B/P CUFF PRESSURE  
T ARTERIAL LINE PRESSURE  
MEAN ARTERIAL PRESSURE  
PULSE  
SPONT RESP  
ASSISTED RESP  
CONTROLLED RESP

**REMARKS**

Machine Monitor. Supply Vd  
X @ 10 min p.p.m. Monitor p.p.m.  
3 Pre-Proc Induction EFRS Di H<sub>2</sub> O<sub>2</sub> H<sub>2</sub> O<sub>2</sub>  
4 Rompocin 300mg Spont Resp Extubated Responds 40 PAR

**FLUID TOTALS**

Crystalloid 450 Blood EBL Unne

**PRE-OP PATIENT EVAL:**

ASA 1 3 4 5 E  
AGE 39 HT. 6'7  
WTG 196 KG  
ALLERGIES NK DA  
Hgb 15.6 Hct 47.3  
K+ 5 PLT 234

**REMARKS**

Machine Monitor. Supply Vd  
X @ 10 min p.p.m. Monitor p.p.m.  
3 Pre-Proc Induction EFRS Di H<sub>2</sub> O<sub>2</sub> H<sub>2</sub> O<sub>2</sub>  
4 Rompocin 300mg Spont Resp Extubated Responds 40 PAR

**TOURNQUET #1**

↑ HRS. TORR  
↓ HRS. MIN

**TOURNQUET #2**

↑ HRS. TORR  
↓ HRS. MIN

Anesthesia Provider: J. Hipskin

DO NOT THIN

## PREANESTHESIA EVALUATION

Proposed Procedure <b>1/9 RIA Repair</b>		Pre-Procedure Vital Signs B/P 145/90 P 80 R T 97.5	
Previous Anesthesia / Operations		None <input type="checkbox"/>	Current Medications
Family History of Anesthesia Complications		None <input type="checkbox"/>	Allergies
AIRWAY / TEETH / HEAD & NECK		History From: <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Significant Other <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Chart <input type="checkbox"/> Communication / Language Problems <input type="checkbox"/> Poor Historian	
SYSTEM	WNL	COMMENTS	DIAGNOSTIC STUDIES
<b>RESPIRATORY</b> Asthma Productive Cough Bronchitis Recent URI COPD SOB Dyspnea Tuberculosis Orthopnea Pneumonia	<input type="checkbox"/>	Tobacco Use: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Packs / Day for _____ Years	EKG 11/03 NSR R75
<b>CARDIOVASCULAR</b> Abnormal EKG Hypertension Angina MI ASHD Murmur CHF Pacemaker Dysrhythmia Rheumatic Fever Exercise Tolerance Valvular Disease	<input type="checkbox"/>	HTN & Tx'ant	Chest X-ray
<b>HEPATO / GASTROINTESTINAL</b> Bowel Obstruction Cirrhosis Hepatitis / Jaundice Hiatal hernia / Reflux Nausea & Vomiting Ulcers	<input type="checkbox"/>	Ethanol Use: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency _____ "Street Drug" Use: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency _____ RIA Idemorphone	Pulmonary Studies
<b>NEURO / MUSCULOSKELETAL</b> Arthritis Muscle Weakness Back Problems Neuromuscular Dis. CVA / Stroke / TIAs Paralysis DJD Paresthesia Headaches / T ICP Syncope Loss of Consciousness Seizures	<input type="checkbox"/>		Other
<b>RENAL / ENDOCRINE</b> Diabetes Renal Failure / Dialysis Thyroid Disease Urinary Retention Urinary Tract Infection Weight Loss / Gain	<input type="checkbox"/>		<b>LABORATORY STUDIES</b> Hgb / Hct / CBC 12/29/03 1510 / 47.3 / 7.3 / 234 Electrolytes 144 / 104 / 6 5 / 29 / 12 / 85 Urinalysis
<b>OTHER</b> Anemia Immunosuppressed Bleeding tendencies Pregnancy Cancer Sickle Cell Dis. / Trait Chemotherapy Recent Steroids Dehydration Transfusion History Hemophilia	HIV <input checked="" type="checkbox"/> HEP <input checked="" type="checkbox"/>		Other

Problem List / Diagnoses

RIA

Planned Anesthesia / Special Monitors

Pre-anesthesia Medications Ordered

dig: with transferred permission of above discussed  
 to pts appearance & understanding is consent  
 for planned Anesthesia.

Evaluator Signature: **HIPSKIND DO**  
 Date: 1/7/04  
 Time: 0645

PATIENT PRE OP Evaluation Completed - Date: 1/9/04 Time: 0720

IC 500 ETT

Down 75'  
 C/P 25' 10"

 1  
 2  
 3  
 4  
 5  
 E  
 PHYSICAL STATUS





# U.S. MEDICAL CENTER SPRINGFIELD, MISSOURI

## PERIOPERATIVE NURSING ASSESSMENT AND CARE PLAN

Check or circle the appropriate answer.

## PRE-OP ASSESSMENT

Date 1-9-04 Time 0730

## INTRA-OP ASSESSMENT

## POST-OP ASSESSMENT

Patient's Statement of Procedure: "Fix my hernia - right Inguinal"

## VERIFICATION OF

 Patient by: ☒ Picture  
☒ ID Band  
☒ Consent ☒ Surgical Site

## POSITIONS

 Positioned by: Self to Bed  
☒ Supine ☐ Prone  
☐ Lithotomy ☐ Jackknife  
☐ L ☐ R Lateral  
 Other: \_\_\_\_\_  
 Placement of Safety Strap: Thighs
TRANSFERRED BY: Dr. Hipskind / Uka
 TO: ☒ PACU VIA: ☒ OR Cart  
☐ 1-4 ☐ Bed  
☐ Qtrs. 0920 Other: \_\_\_\_\_
Report Given To: B. Painter

## PRE-OP TEACHING

Date 1-9-04 Time 0730Interpreter: Ø

## ARM POSITION

L	R
X	X

 along side  
 armboard  
 across chest

## SKIN INTEGRITY

☒ Same as Pre-Op  
☒ Grounding Pad Site Checked  
 Other: \_\_\_\_\_

## MENTAL/EMOTIONAL STATUS

☒ Alert ☐ Sedated  
☐ Confused ☐ Comatose  
☐ Apprehensive  
☒ Oriented by person, place, time

## POSITIONING AIDS

☐ Ax. Roll ☐ Pillows  
☐ Chest Roll ☐ Shoulder Roll  
☐ Stirrups ☐ Heel/Elbow Pads  
☒ Gel Pads  
 Other: \_\_\_\_\_

## RESPIRATORY STATUS

☒ Spontaneous ☐ Assisted  
☐ Oral Airway ☐ ET Tube  
☐ Trach ☐ Ambu Bag  
☒ Oxygen @ 10 1/min
Intact (yes) no SKIN
 COLOR: ☒ Pink ☐ Pale  
☐ Flushed ☐ Jaundiced ☐ Cyanotic

## TEMPERATURE/CONDITION:

☐ Cool ☒ Warm ☐ Hot  
☒ Dry ☐ Diaphoretic

## LINES/DRAINS

☒ Peripheral IV ☐ NG Tube  
☐ CVP ☐ Foley Catheter  
☐ J-P Size: ☐ Penrose

## RESPIRATORY

☒ Unlabored ☐ Labored  
☐ Minimal Distress ☐ Ambu Bag  
☐ Trach ☐ ET Tube  
☐ Oxygen @ \_\_\_\_\_ 1/min

## PREP

Betadine ☐ Gel ☐ Soap ☒ Solution
 Other: \_\_\_\_\_  
 Shave: Clippers ☐ N/A

 by: Ray  
 area: Right Inguinal area

Location: \_\_\_\_\_

Other: \_\_\_\_\_

## CATHETERS/DRAINS/IVS

Present ☒ yes ☐ noDescribe: IV left handCATHETER ☒ N/A

Size: \_\_\_\_\_

Inserted by: \_\_\_\_\_

Color/Amount: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

## DRESSINGS/PACKINGS

☐ NA  
 Type: Primapore  
 Tape: \_\_\_\_\_
NPO ☐ NA ☒ yes ☐ noSince: 2400 per patientAllergies: None known

## LOCAL ANESTHESIA

DISCHARGE INSTRUCTIONS ☒ N/A
 Instructions as per physician's orders discussed with  
 pt. ☐ yes ☐ no

## AGE SPECIFIC ASSESSMENT

☒ Young Adult ☐ Older Adult  
☐ Middle Adult

COMMENTS: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

## COMMENTS:

No Dentures  
operative site marked  
by Dr. Kotton

R.N. Signature

R.N. Signature

R.N. Signature

ADDRESSOGRAPH:

 ALLEN, ANTHONY  
 40428-053  
 MCFP SPG NO  
 008 3-2-54

Date: 1-9-04		OR # 1		Wound Class: T	
TIMES:	Pt. In	Induction	Incision	Closure	Pt. Out
Procedure #1	0820	0820	0832	0910	0920
Procedure #2					

Procedure: Repair of right Inguinal hernia with insertion of mesh Plug and patch

Anesthesia Type: General X Regional \_\_\_\_\_ ☐ IV Sed. ☒ Local ☐ None  
Anesthesia Staff: Dr Hipskind ☐ Topical

Circulator: L. Rayner Relief: \_\_\_\_\_ In: \_\_\_\_\_ Out: \_\_\_\_\_  
 Scrub: M. Crom ST Relief: \_\_\_\_\_ In: \_\_\_\_\_ Out: \_\_\_\_\_

COUNTS	<i>Correct</i>	<i>Incorrect</i>	<i>NA</i>
Sponge	X		
Sharps	X		
Instr.			X


**TOURNIQUET** ☒ NA  
Applied by: \_\_\_\_\_  
L R Arm Leg \_\_\_\_\_ MM/Hg \_\_\_\_\_  
L R Arm Leg \_\_\_\_\_ MM/Hg \_\_\_\_\_

Verified by: M. Crom ST / Kaye

**SPECIMENS** Source: Right Inguinal  
 Pathology ☐ NA hernia sac  
 Cytology ☒ NA \_\_\_\_\_  
 Culture ☒ NA ☐ Routine ☐ Aerobic  
☐ Fungus ☐ AFB ☐ Anaerobic  
 Site: \_\_\_\_\_


**INDICATORS**


EKG Lead    o

ESU Pad    

IV    x



Safety Strap    +

Elbow Pads    



X-ray / C-arm During Procedure  
☐ Yes ☒ NO X-ray Staff: \_\_\_\_\_

**IMPLANTS:**

—   **Bard® Mesh PerFix® Plug,**  
— **Large, Monofilament**  
— **Knitted Polypropylene**

— **Size: Large Plug**

— **REF 0112770**

— **LOT 43CND094**

*Right Inguinal*  
*Exp 3-2008*

**COMMENTS:**

MEDICATIONS		<input type="checkbox"/> NA
Medication	Dose	Route
Bacitracin 50,000u/ 100cc saline		Irrigation
marcaine 0.25% Plain 10cc		Injection

ADDRESSOGRAPH

ALLEN, ANTHONY  
40428-053  
NCFP SPG MO  
DCB 3-2-34